

RADIATION TRAINING & EXPERIENCE SUMMARY (NONIONIZING RADIATION)

Please Type /Print Legibly
Instructions for completion on next page

I. GENERAL INFORMATION

A. Applicant Name/Telephone	B. Date of Birth	C. Organization Mail Code	D. Reference Number
E. Badge Number	F. System/Device to be Used		
G. Type of User <input type="checkbox"/> Area Radiation Officer <input type="checkbox"/> Operator <input type="checkbox"/> Use Supervisor/Custodian <input type="checkbox"/> Maintenance <input type="checkbox"/> Other (describe) _____			

II. TRAINING *(Use Supplemental Sheets as Needed)*

TYPE OF TRAINING	YES	NO	WHERE TRAINED	DURATION
A. Biological Effects				
B. Radiation Protection				
C. Other				

III. EXPERIENCE *(Use Supplemental Sheets as Needed)*

TYPE OF EXPERIENCE	LOCATION	DURATION
A.		
B.		
C.		
D.		

IV. REFERENCE DOCUMENTS

I have read and understand the following:

A. KMI 1860.1 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	E. 45th SWI 40-201 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
B. KHB 1860.2 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	F. Fla. Administrative Code Chapter 64E-5 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
C. 29 CFR 1910.97 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Signature of Applicant _____ Date _____

Signature of ARO _____ Date _____

V. AUTHORIZING SIGNATURES

Health Physics	Date
KSC Radiation Protection Officer	Date
45th SW Radiation Protection Officer (if applicable)	Date
Chmn. KSC Radiation Protection Committee	Date

Instructions for Completion

Refer to descriptions and examples as delineated by KHB 1860.2, Appendix B, to complete this form.

Section I - General Information - self explanatory

Section II - Training - self explanatory

Section III - Experience - indicate past experience with non-ionizing radiation producing devices/equipment

Section IV - Reference Documents - ARO and use supervisor/custodian designees should be familiar with KMI 1860.1 and applicable local program documents (i.e., KHB 1860.2 for KSC activities, 45th SWI 40-201 for CCAS activities) as a minimum. User/Maintenance personnel should be familiar with local program documents as applicable, as a minimum. Questions concerning applicability of specific documents should be addressed to the KSC Radiation Protection Officer. Signatures of applicant and ARO are required.

Note: This form will not be returned to you.